

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026862

FILED VS JUL 26 1960 49

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3828

INDEXED

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 17 yrs	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA General No 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3519 Park		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOSEPH Middle BD Last GARRETT			4. DATE OF DEATH Month 7 Day 8 Year 1960		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 8-25-1903	9. AGE (last birthday) 56 yrs.
IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY City	11. BIRTHPLACE (City and state or country) Houston, Arkansas	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Green Garrett		13b. MOTHER'S MAIDEN NAME Frances Jamison		14. NAME OF HUSBAND OR WIFE Lucille Garrett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 452-28-7186	17. INFORMANT Jethro Spottwood 3309 Olive		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Appendicitis DUE TO (b) generalized peritonitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) intestinal obstruction with adhesions					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Deputy Coroner</i>			22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 7/11/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-13-60	23c. NAME OF CEMETERY OR CREMATORY Lincoln		23d. LOCATION (City, town, or county) Kans. City Missouri	
24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME 18th & Benton		ADDRESS	25. DATE RECD. BY LOCAL REG. 7-12-60	26. REGISTRAR'S SIGNATURE Neva Minchall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF J. M. WILLIAMS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Nachola S. Green

Licensed Embalmer No. 472
P. O. Address 18th Be

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.